

# Fleet and Marine Corps HEALTH RISK SURVEY

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Age:	<input type="text"/>	Sex:	<input type="text"/>	Rank/Rate:	<input type="text"/>	Service:
Race/Ethnicity:	<input type="text"/>	Height:	FEET <input type="text"/>	INCHES 0 <input type="text"/>	Weight:	POUNDS <input type="text"/>
Number of days spent away from home station in the past 12 months:				<input type="text"/>		
1. Would you say that your health in general is ....  a. Excellent b. Good c. Fair d. Poor		2. Do you <u>currently</u> smoke cigarettes, cigars, pipes or hookah?  a. Every day b. Most days c. Some days d. Never smoked e. I quit		3. Do you <u>currently</u> use smokeless tobacco (e.g., dip snuff)?  a. Every day b. Most days c. Some days d. Never used smokeless tobacco e. I quit		
4. How many alcoholic beverages do you have during a typical day when you drink alcohol? ( <i>One drink = 12 ounces of regular beer, 5 ounces of wine, 1.5 ounces of 80-proof distilled spirits</i> )  a. 5 or more b. 3-4 c. 1-2 d. Not applicable, I do not drink alcohol or I seldom drink alcohol		5. How often do you typically drink 5 or more alcoholic drinks on one occasion? ( <i>"One Occasion" refers to an event or period when drinking exceeds one drink per hour</i> )  a. Daily b. Weekly c. Monthly d. Once or twice per year e. Never		6. How often do you drive when perhaps you have had too much to drink?  a. Often (i.e., more than once during the past 6 months) b. Sometimes (i.e., once during the past 6 months) c. Rarely (i.e., not in the past 6 months, but at least once during the past year) d. Never (i.e., not during the past year)		
7. Do you use a seat belt when you drive or ride as a passenger?  a. Always b. Most of the time c. Sometimes d. Rarely e. Never		8. How often do you wear a helmet when you ride a motorcycle, all-terrain vehicle, or bicycle?  a. Always b. Most of the time c. Sometimes d. Rarely e. Never f. Does not apply to me / I do not ride these vehicles		9. How often do you use the safety equipment recommended for your job? ( <i>e.g., hearing and vision protection, respirators, barriers, and other safety devices</i> )  a. Always b. Most of the time c. Sometimes d. Rarely e. Never f. Does not apply to me / None recommended		

<p>10. In general, how satisfied are you with your life? (e.g., work situation, social activity, accomplishing what you set out to do)</p> <p>a. Very satisfied b. Mostly satisfied c. Somewhat satisfied d. Not satisfied</p>	<p>11. How often do you feel that your work situation is putting you under too much stress?</p> <p>a. Always b. Most of the time c. Sometimes d. Rarely e. Never</p>	<p>12. How often do you have someone to talk to when you are feeling lonely, depressed, angry, or in need of help?</p> <p>a. Always b. Most of the time c. Sometimes d. Rarely e. Never</p>
<p>13. In the past 12 months, how often did you or your partner(s) use a condom when you had sex?(<b>read all choices below carefully before responding</b>)</p> <p>a. Not Applicable, I am in a long-term relationship where we only have sex with each other / I am not sexually active b. Always c. Most of the Time d. Sometimes e. Rarely f. Never</p>	<p>14. How often do you usually do at least 20 minutes of non-stop vigorous aerobic activity that results in a significant increase in heart and breathing rate (e.g., jogging, high-impact aerobics, continuous swimming, or bicycling fast or uphill)?</p> <p>a. 5 or more days a week b. 4 days a week c. 3 days a week d. 2 days a week e. Once or less per week, or only twice per year for the PRT</p>	<p>15. How often do you usually do at least 20 minutes of strength training exercise involving most of the major muscle groups? (e.g., sit-ups, pushups &amp; chinups, stair-climbing, weightlifting, manual labor)</p> <p>a. 5 or more days a week b. 4 days a week c. 3 days a week d. 2 days a week e. Once or less per week, or only twice per year for the PRT</p>
<p>16. How often do you usually eat high-fat foods? (e.g., fried foods; high-fat dairy products such as butter, cheese, or whole milk; or packaged foods high in fats)</p> <p>a. At most or every meal b. At least once a day c. 3-5 days a week d. Less than 3 days a week e. Rarely or never</p>	<p>17. About how many servings of fruits and/or vegetables do you usually eat each day? (One serving = 1 medium fresh fruit; 1/2 cup chopped, cooked, or canned fruit or vegetable; 3/4 cup fruit or vegetable juice; or 1 cup raw leafy vegetable)</p> <p>a. 9 or more b. 7-8 c. 5-6 d. 3-4 e. Less than 3 servings per day</p>	<p>18. How often do you use over the counter (OTC) drugs, dietary supplements, or herbal products to help you manage your weight, enhance athletic performance, or treat depression?</p> <p>a. Daily b. Weekly c. Monthly d. Seldom e. Never</p>
<p>19. How frequently do you floss your teeth?</p> <p>a. Daily b. Most days c. Sometimes d. Rarely e. Never</p>	<p>20. How often do you brush your teeth with a fluoride toothpaste?</p> <p>a. At least twice a day b. Once a day c. Most days d. Some days e. Rarely or never</p>	<p>21. How often do you get enough restful sleep to function well in your job and personal life?</p> <p>a. Always b. Most of the time c. Sometimes d. Rarely e. Never</p>